## PH000118644

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of Eastpoint Theater, In	nc.
DOCUMENT NUMBER: P04000118644	
The enclosed Articles of Dissolution and fee are submitted fo	r filing.
Please return all correspondence concerning this matter to the	following:
Gary R. Heald	
(Name of Contact Person)	
Hoffer Trust	
(Firm/Company)	
P.O. Box 15494	
(Address)	
Tallahassee, FL 32317 - 5494	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Gary R. Heald at (850 (Area C	294-4306 ode & Daytime Telephone Number)
, ,	ode & Daytine Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigcup\$\$43.75 Filing Fee \$\bigcup\$\$ Certificate of Status Certified Copy (Additional copy enclosed)	Certificate of Status &
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

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Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation Albania Florida Statutes articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Eastpoint Theater, Incorporated
SECOND:	The document number of the corporation (if known): P04000118644
THIRD:	The file date of the articles of incorporation:
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
	Gary R. Heald
	(Typed or printed name of person signing)
	Director, Trustee
	(Title of Person Signing)

Filing Fee: \$35